

## **APPLICATION FOR EMPLOYMENT**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Date of Application
Position(s) Applied For:
Referral Scource: Advertisement Friend Relative Walk-In  Employment Agency Other
Name
Address
Telephone Social Security Number
If employed and you are under 18, can you furnish a work permit?
Have you filed an application here before?
Have you ever been employed here before?   Yes No If Yes, give date
Are you employed now?   Yes   No May we contact your present employer?   Yes   No
Are you prevented from lawfully becoming employed in this country because of Visa Immigration Status? Yes No (Proof of citizenship or immigration status may be required upon employment.)
On what date would you be available for work?
Are you available to work?
Are you on a lay-off and subject recall?
Can you travel if a job requires it?
Have you been convicted of a felony within the last 7 years?
If Yes, explain

Veteran of th	ne U.S. military service? [	Yes No	If Yes, Bran	ch						
Do you have any physical, mental or medical impairment or disability that would limit your job performance										
If Yes, Pleas	If Yes, Please explain									
would assur	Are there workplace accommodations which would assure better job placement and/or enable you Yes No to perform your job to maximum capability?									
If Yes, Pleas	e indicate									
Indicate wha	at foreign languages you spe	eak, read, and/or w	rite.							
	FLUENTY	GOOD		FAIR						
SPEAK										
READ										
WRITE										
List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin):										
Give name, address and telephone number of three references who are not related to you and are not previous employers:										

## **EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Dates Er		Mark Darformad	
'		From	То	Work Performed	
	Address				
	Job Title	Hourly Rate/Salary			
		Starting	Final		
	Supervisor				
	Reason For Leaving				
^	Employer	Dates Er	nployed	Mauls Dayfayyaad	
2	Employor	From	To	Work Performed	
	Address				
	Job Title	Hourly Ra	te/Salary		
		Starting	Final		
	Supervisor				
	Reason For Leaving				
3	Employer	Dates Er		Work Performed	
J		From	То	WOIK F GHOIIIIEG	
	Address				
	Job Title	Hourly Ra	te/Salary		
		Starting	Final		
	Supervisor				
	Reason For Leaving				
1	Employer	Dates Er	nployed	W I D ( I	
4	Litiployei	From	То	Work Performed	
	Address				
	Job Title	Hourly Ra			
		Starting	Final		
	Supervisor				
	Reason For Leaving				
	17 1 1 1 1 1 1				

If you need additional space, please continue on a separate sheet of paper.

## **SPECIAL SKILLS AND QUALIFICATIONS**

Summarrize special skills and qualifications aquired from employment or other experience	

## **EDUCATION**

	Elementary			High				College/Universit	Graduate/ y Professional		
School Name	4	5	6	7	8	9	10	11	12	1 2 3 4	1 2 3 4
Years Completed: (Circle)											
Diploma/Degree											
Describe Course Of Study:											
Describe Specialized Training, Apprentice- ship, Skills, and Extra-Curricular Activities											
Honors Received:											
State any additional information you feel may be helpful to us in considering your application.											
AGREEMENT											
I certify that answers given herein are true and complete to the best of my knowledge.											
_	I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.										
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.											
Signature of Applicant Date										ate	
			F	OR	PERS	SONN	IEL D	EPAR	TMENT	USE ONLY	
Arrange Interview											
Employed Yes  Job Title					Sa	lary				Interviewe Department	
Nar	By Name and Title Date								Date		

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